

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001154

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DATE OF DEATH
 AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 68

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY Green				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Christian									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo		Length of stay in 1b 10 Days		c. CITY OR TOWN Highlandville, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) South Galloway Twsp		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Lonnie Middle P Last Grider				4. DATE OF DEATH Month Jan , Day 12 , Year 1962									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/30/95		9. AGE (last birthday) 66		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Christian Co, Mo		12. CITIZEN OF WHAT COUNTRY U S A			
13a. FATHER'S NAME Jake Grider				13b. MOTHER'S MAIDEN NAME Betty Cook				14. NAME OF HUSBAND OR WIFE Jessie Marie Grider					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1st, W, W				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Highlandville Missouri Mrs Jessie M Grider,							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiopulmonary insufficiency										INTERVAL BETWEEN ONSET AND DEATH 1 yr (approx)			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Angiostenosis + aortic insufficiency + tricuspid valve insufficiency, center							DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) atherosclerosis, Bronchial										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from 1 Jan 1962 to 1-12-62 and last saw her/him alive on 1-12-62 Death occurred at 1/12/62 - 9:15 A M m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) J. S. Cooper M.D.						22b. ADDRESS Osark, Mo				22c. DATE SIGNED 16 Jan 1962			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/15/62		23c. NAME OF CEMETERY OR CREMATORY Martin Cemetery				23d. LOCATION (City, town, or county) Christian Co, Mo					
24. FUNERAL DIRECTOR T. B. Chubb, Osark, Mo				ADDRESS		25. DATE RECD. BY LOCAL REG. 1-18-62		26. REGISTRAR'S SIGNATURE Effie E. Meeta					

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed D. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.